

# REGISTRATIONS (OFFLINE)



<b>1</b>	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
<b>2</b>	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
<b>3</b>	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
<b>4</b>	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
<b>5</b>	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
<b>6</b>	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
<b>7</b>	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
<b>8</b>	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
<b>9</b>	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
<b>10</b>	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)

**Team Name:** \_\_\_\_\_

***\*Please make check payable to Lutherans For Life .  
(Indicate this is for Step Up 4 Life.)***

**IF GIVING BY CREDIT CARD:**

      

Amount \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Phone: \_\_\_\_\_  
Month / Year

Signature \_\_\_\_\_

Lutherans For Life is a 501(c)(3) ministry and contributions are deductible as charitable donation.

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**Return to:**

LUTHERANS FOR LIFE  
1101 5TH ST  
NEVADA IA 50201-1816

